

Name
in
Full

CERTIFICATE OF DEATH

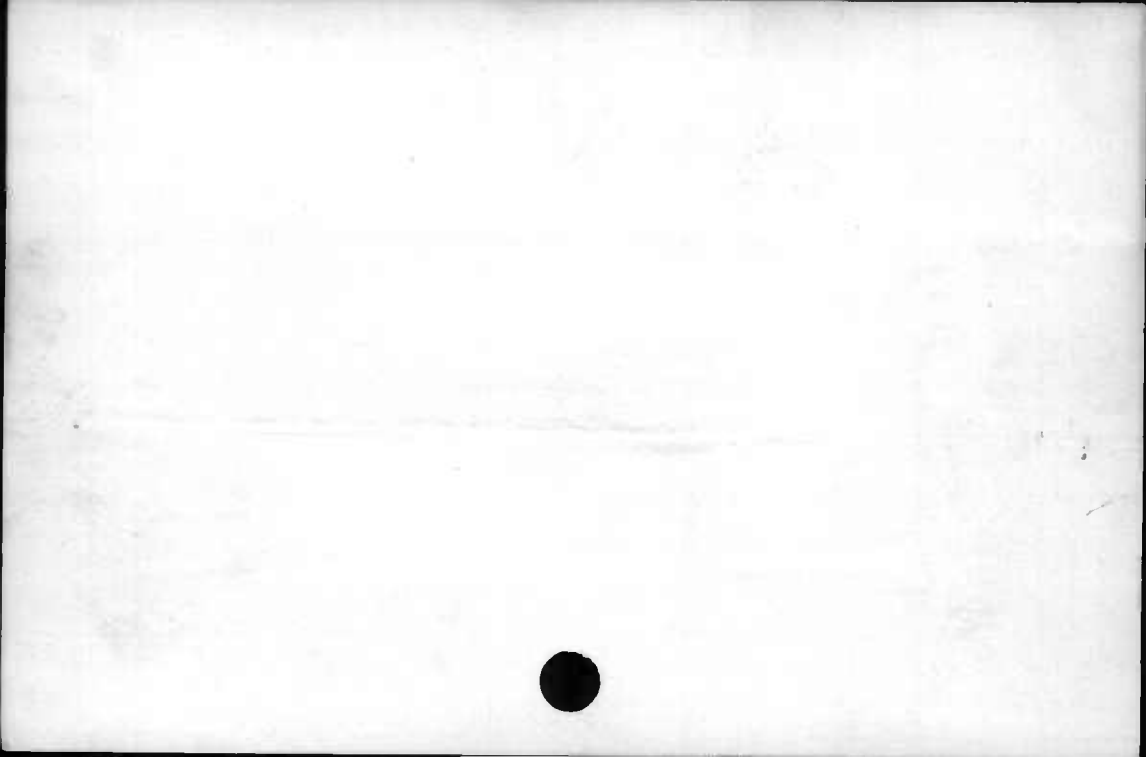
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Sophie Rose Ames.</i>		Town <i>Bel Air</i>		County <i>Harford</i>		MARYLAND	
Died at		Month <i>9</i>		Day <i>14</i>		Years <i>29</i>	
Date of death <i>1906</i>		Months		Days			
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>W.S.</i>			
Occupation <i>Cann dress.</i>				Where Residing if not at place of death			
Married, Single or Widowed		Name of Husband <i>B. Howard Ames.</i>					
Father's Name						Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving information <i>James Riley</i>						How related to deceased <i>None</i>	

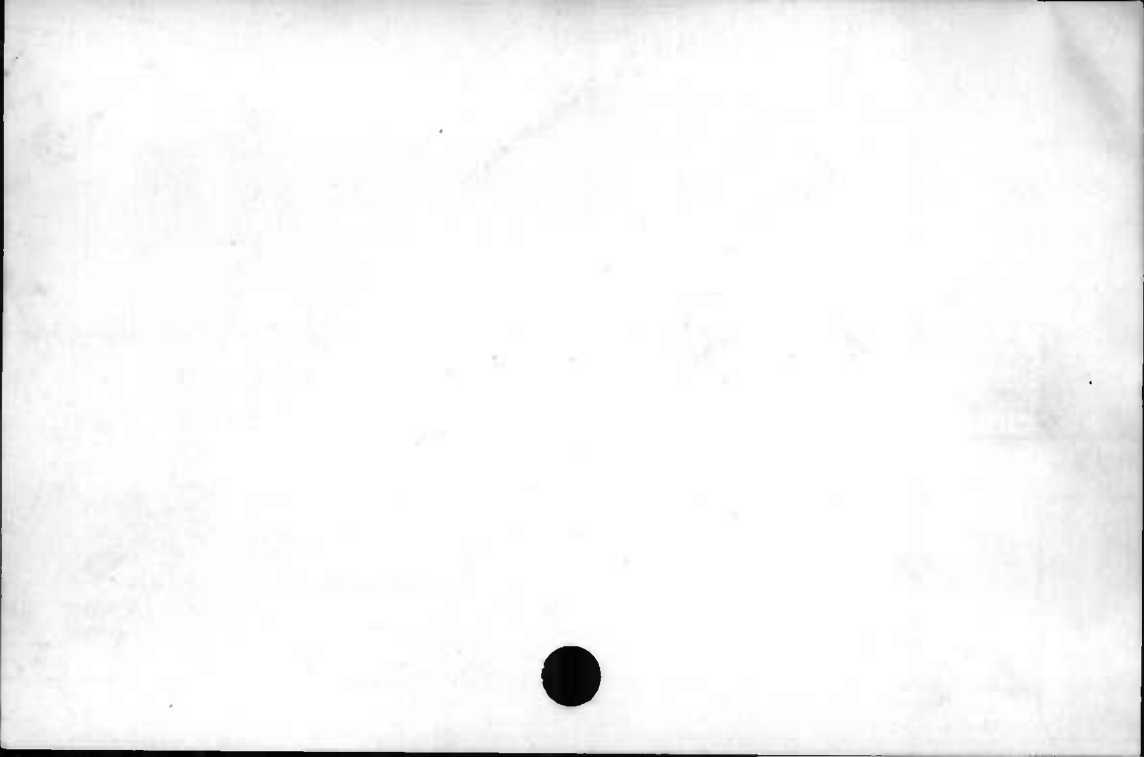
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Pulmonum</i>	How long <i>Years</i>
Immediate <i>Exhaustion</i>	How long <i>(21)</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Amnell Sapp</i>
	Address <i>Bel Air</i>
Accident or Suicide?	



Name in Full		Franklin Bevard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Upper X Roads		Harford		MARYLAND	
	Date of death	1906	Sept	26	Age	Months	Days
	Sex	Male		Color or Race	White		Birthplace
	Occupation			Where Residing if not at place of death		Harford Co Md	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Lester Bevard		Father's Birthplace		Harford Co Md	
	Mother's Maiden Name	Virginia Rutledge		Mother's Birthplace		" " "	
Name of person giving information	L Bevard		How related to deceased		Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Premature Birth		How long		151	
	Immediate			How long			
	Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician		A. F. Bradley	
				Address		Garrettsville Md.	
Accident or Suicide?							



Name
in
Full

Elizabeth Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Vale*

County

*Harford*Date of death *1904*

Month

Sept

Day

18

Age

6 weeks

Months

Days

Sex *Female*

Color or Race

Black

Birthplace

near Vale

Occupation

Where Residing If not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Edward Bond

Father's Birthplace

Belair

Mother's Maiden Name

Olevia Brown

Mother's Birthplace

Hallston

Name of person giving information

Edw. Bond

How related to deceased

Father

CAUSES OF DEATH

Primary

Congenital Syphilis

How long

Immediate

Exhaustion

How long

6 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

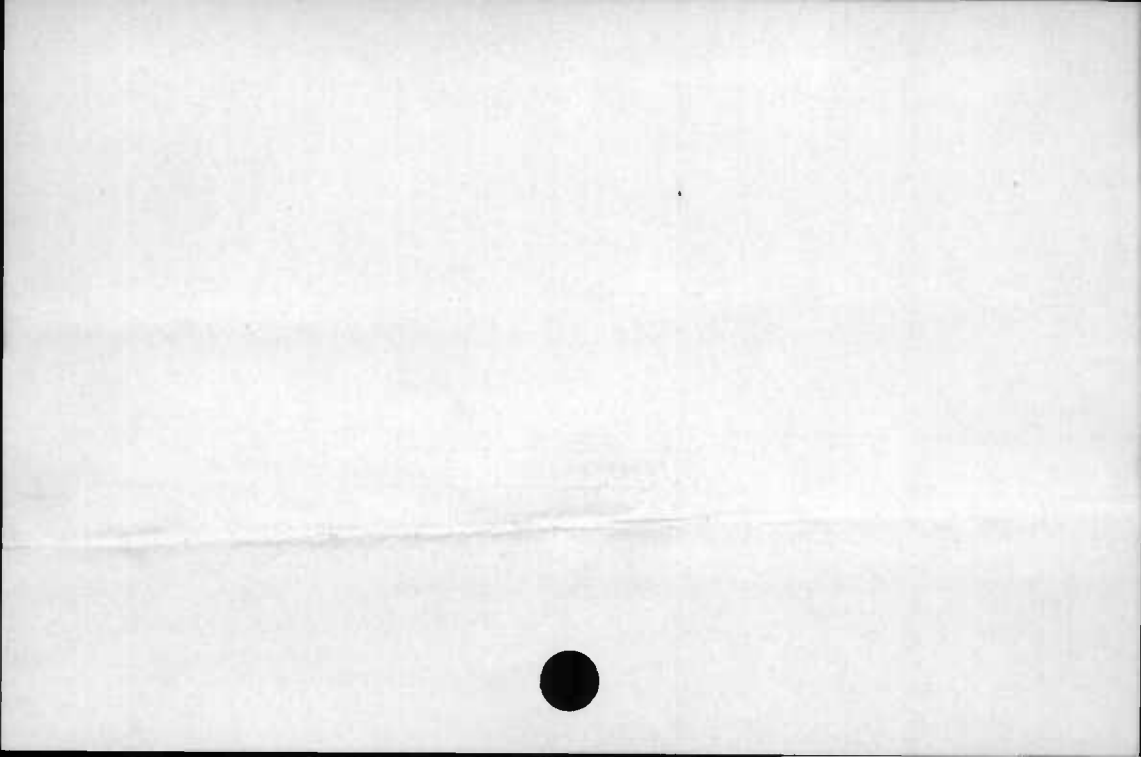
Purnell S. Sappington

Address

Belair.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>The Rocks</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Sept</i> <small>Month</small>	<i>6</i> <small>Day</small>	Age <i>82</i> <small>Years</small>	<i>7</i> <small>Months</small>	<i>6</i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Farmer</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Margarett A Campbell</i>				
Father's Name <i>Richard Boyd</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Elizabeth Alexander</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>A A Boyd</i>	How related to deceased <i>Wife</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Disease</i>	How long <i>120</i> <small>4 years</small>
Immediate <i>Uremia</i>	How long <i>4</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. F. Bradley</i>
	Address <i>Panthersville</i>
Accident or Suicide?	<i>Med.</i>

Walter Thompson

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glenice</u> Town		<u>Harford</u> County		MARYLAND	
Date of death	1906	Month	Sept	Day	29
Sex	Female	Color or Race	White	Age	—
Occupation	—		Where Residing if not at place of death	—	
Married, Single or Widowed	Single		Name of Wife or Husband	—	
Father's Name	Howard Briney			Father's Birthplace	Ind
Mother's Maiden Name	Emma Crawford			Mother's Birthplace	Ind
Name of person giving information	—			How related to deceased	—

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Stroke from</u>	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	<u>J. H. Hopkins</u>
		Address	<u>Harford County</u>
Accident or Suicide?	—		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Henry Bush* Town *Shaffer's Roads* County *Harford* MARYLAND

Died at *Shaffer's Roads* Date of death *1906* Month *Sept* Day *30* Age *72* Years Months *8* Days *4*

Sex *Male* Color or Race *White* Birth-place *Germany*

Occupation *Farmer* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John Bush* Father's Birthplace *Germany*

Mother's Maiden Name *Unknown* Mother's Birthplace *"*

Name of person giving information *Wilhemina Fisher* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

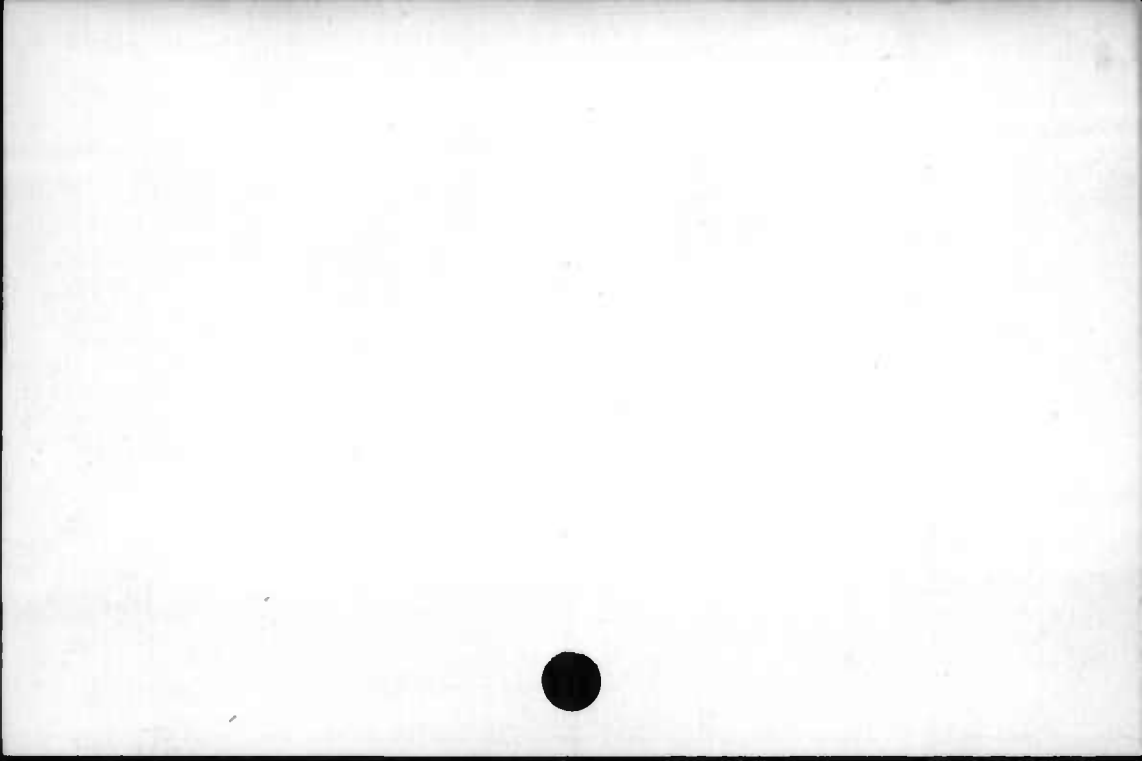
Primary *Apoplexy* How long *3 hours*

Immediate *—* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. F. Bradley* Address *Garrettsville Ind.*

Accident or Suicide? *—*



Name
in
Full

Ellen Collins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Gravel Hill		County Harford Co		MARYLAND	
Date of death	1906	Month Dec	Day 22	Age 33	Years	Months	Days
Sex	Female		Color or Race	Colored		Birth- place	Harford Co
Occupation	Housework			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	Jno Collins					Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation					How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long	27
Immediate	"		How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	
			Address	
Accident or Suicide?			Harford Co	



Name
in
Full

Howard Joshua Cook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>Bel Air</u> ^{Town}		<u>Hampshire</u> ^{County}			
Date of death <u>1906</u> ^{Year} <u>Sept</u> ^{Month} <u>11</u> ^{Day}		Age <u>—</u> ^{Years}		<u>6</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>—</u>		Color or Race <u>Black</u>		Birth-place <u>Ind.</u>	
Occupation <u>—</u>		Where Residing if not at place of death <u>Bel Air</u>			
Married , Single or Widowed		Name of Wife or Husband <u>—</u>			
Father's Name <u>Bert Cook</u>		Father's Birthplace <u>Ind.</u>			
Mother's Maiden Name <u>Bessie Loney</u>		Mother's Birthplace <u>Ind.</u>			
Name of person giving information <u>Bert Cook</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

Primary <u>Tuberculosis</u>	How long <u>6 years</u>
Immediate <u>Heart failure</u>	How long <u>—</u>

Are the name, age, sex, color, date and place correctly given above?

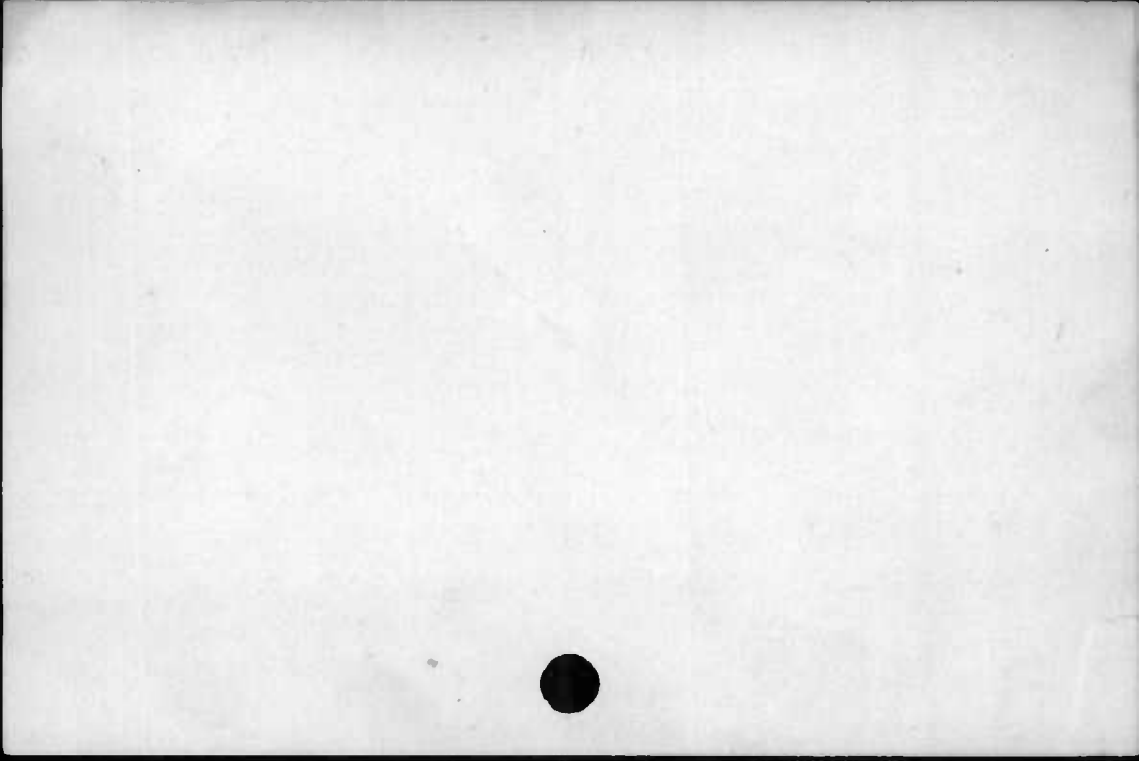
yes

Signature of Physician

Address

E. H. Hall, Physician
Bel Air, Md.

Accident or Suicide?



Name
In
Full

Cardine Dance

CERTIFICATE OF DEATH

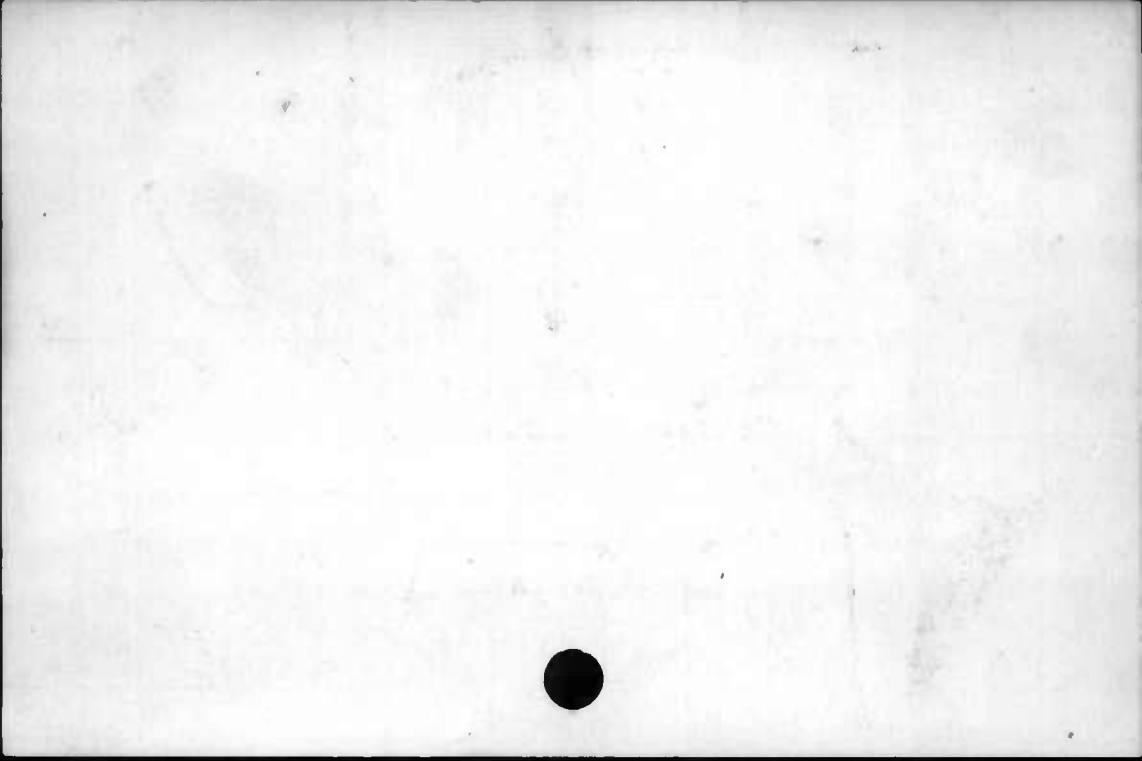
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel air</i> Town		<i>Hampden</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>Sept.</i>	Day <i>23</i>	Age <i>84</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Bel air</i>		
Occupation			Where Residing if not at place of death <i>Bel air</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Jesse G. Dance</i>			
Father's Name <i>Robt. Richardson</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Margret. Richardson</i>			Mother's Birthplace <i>"</i>		
Name of person giving information <i>Dr. Chas. Richardson</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cerebral Thrombosis</i>	How long
	How long
Immediate	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Dr. Chas. Richardson</i>
	Address <i>Bel Air Ind</i>
Accident or Suicide?	



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

James Henry Lewis
Died at *Cardiff* Town *Harford* County
Date of death *1906* Month *Sept* Day *14* Age *71* Years Months *—* Days *—*

MARYLAND

Sex *male* Color or Race *white* Birthplace *Harford Md*
Occupation *Labourer* Where Residing if not at place of death *—*

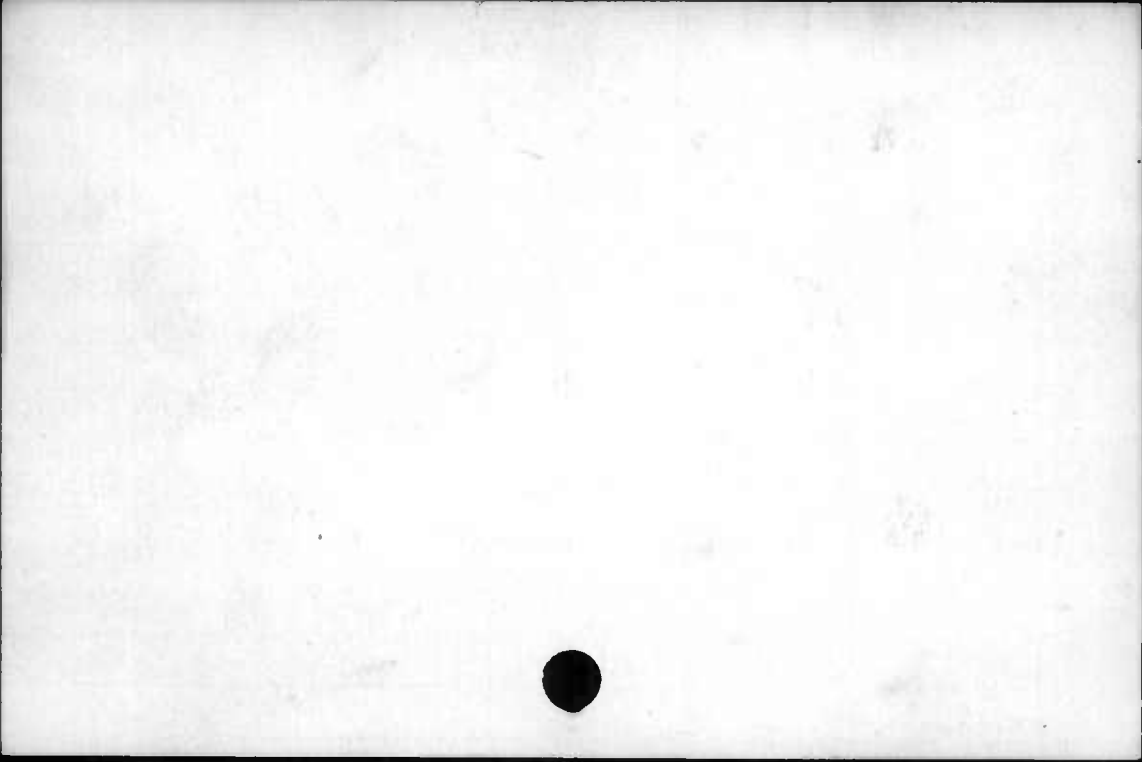
~~Married~~ Single or Widowed Name of Wife or Husband

Father's Name *Joe Lewis* Father's Birthplace *Harford Md*
Mother's Maiden Name *Hannah Welch* Mother's Birthplace *Maryland*
Name of person giving information *Mr Boulton* How related to deceased *Sister*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *bronchitis* How long *7 years*
Immediate *Renal* How long *2 years*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Dr. E. Arthur*
J Address *Cardiff Md*
Accident or Suicide? *—*



Name
in
Full

Samuel Deets

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Jarrettsville		^{County} Harford		MARYLAND								
Date of death	1906	Month	September	Day	19	Age	77	Years	7	Months	9	Days
Sex	Male	Color or Race	White	Birth-place	Baltimore Md							
Occupation	Farmer			Where Residing if not at place of death								
Married, Single or Widowed	Married			Name of Wife or Husband	Louise Cairnes							
Father's Name	Frederick Deets			Father's Birthplace	Pennsylvania							
Mother's Maiden Name	Hannah Poley			Mother's Birthplace	" "							
Name of person giving information	Mary E Burto			How related to deceased	Daughter							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Neuralgia of Heart	How long	4 years
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Martin L Garrett
		Address	Jarrettsville Md
Accident or Suicide?			



Name in Full		Beatrix Virginia Dorsley				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	aberddeen		Harford		MARYLAND	
	Date of death	1906	Sep	6	Age	1906	Months 1 Days 12
	Sex	Female		Color or Race	Black		Birth-place
	Occupation			Where Residing if not at place of death		aberddeen	
	Married, Single or Widowed		Single		Name of Wife or Husband		
PHYSICIAN OR CORONER	Father's Name	Fred Dorsy Jr				Father's Birthplace	Harford Co
	Mother's Maiden Name	Lida Aubrey				Mother's Birthplace	" "
	Name of person giving information	Fred Dorsy Jr				How related to deceased	Father
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Supposed Whooping Cough				How long	
	Immediate	Don't Know				How long	
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician		
					Address		
Accident or Suicide?				J. J. Kennedy Abertown Md			

Name
in
Full

John L. Easter

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at near Glenville

Harford

Date

of death 1906

Month

Sept.

Day

1st

Age

Years

79

Months

10

Days

28

Sex

Color or
RaceBirth-
place

Baltimore

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
husbandEuphemia Silor
EasterFather's
Name

John

Father's
Birthplace

Ireland

Mother's
Maiden NameMother's
BirthplaceName of person giving
Information

Wm Silor

How related
to deceased

Nephew-in-law

CAUSES OF DEATH

Primary

Disease of Heart

How long

79

Immediate

Constriction of Arteries

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Thos. H. Roberts, M.D.

Address

Chesapeakeville

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

William Roland Evans

CERTIFICATE OF DEATH

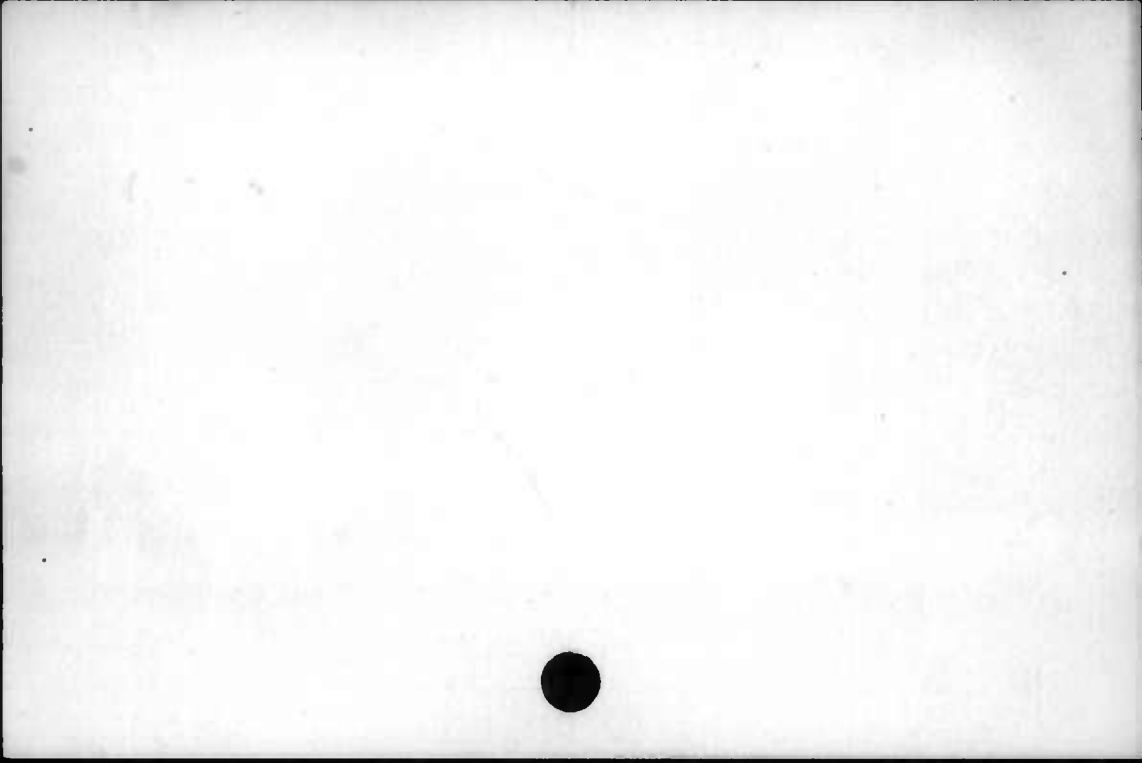
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Bel Air</i> <small>Town</small>		<i>Harford</i> <small>County</small>		MARYLAND	
Date of death <i>1906</i>	<i>Sept</i> <small>Month</small>	<i>1st</i> <small>Day</small>	<i>45</i> <small>Year</small>	<i></i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Male</i>	Color or Race <i>American</i>		Birth-place <i>Howard County</i>		
Occupation <i>Druggist</i>		Where Residing if not at place of death <i>Bel Air</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i></i>				
Father's Name <i>John Evans</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Rebecca N. Saffrington</i>	Mother's Birthplace <i>Tenn</i>				
Name of person giving information <i>John A. Evans</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Asthma</i>	How long <i>3 wks</i>
Immediate <i>Surgery much</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>C. H. S. Smith</i>
	Address <i>Bel Air Md</i>
Accident or Suicide <i></i>	



Name
in
Full

Anna T. Fluka.

CERTIFICATE OF DEATH

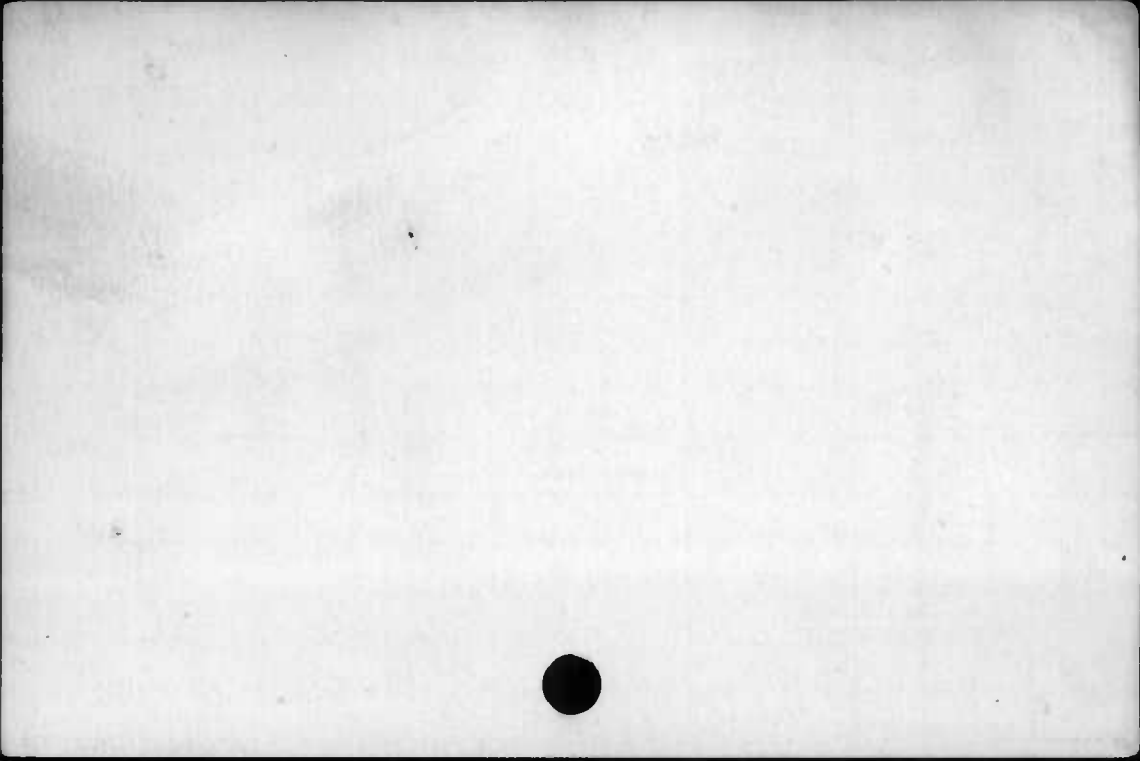
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Shook Lane</u> <u>Harford</u> County		MARYLAND	
Date of death <u>1906</u> <u>9</u> Month <u>21</u> Day	Age <u>3</u> Years	Months <u>7</u>	Days
Sex <u>Female</u>	Color or Race <u>American</u>	Birth-place <u>Med.</u>	
Occupation <u>—</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>—</u>	Name of Wife or Husband <u>—</u>		
Father's Name <u>Albert Fluka</u>	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information <u>und. sep.</u>	How related to deceased <u>none</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Gastritis</u>	How long <u>1 week</u>
Immediate <u>Convulsions</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. H. Stier</u>
	Address <u>Barryman</u>
Accident or Suicide?	



Name
in
Full

Kennet Groves

CERTIFICATE OF DEATH

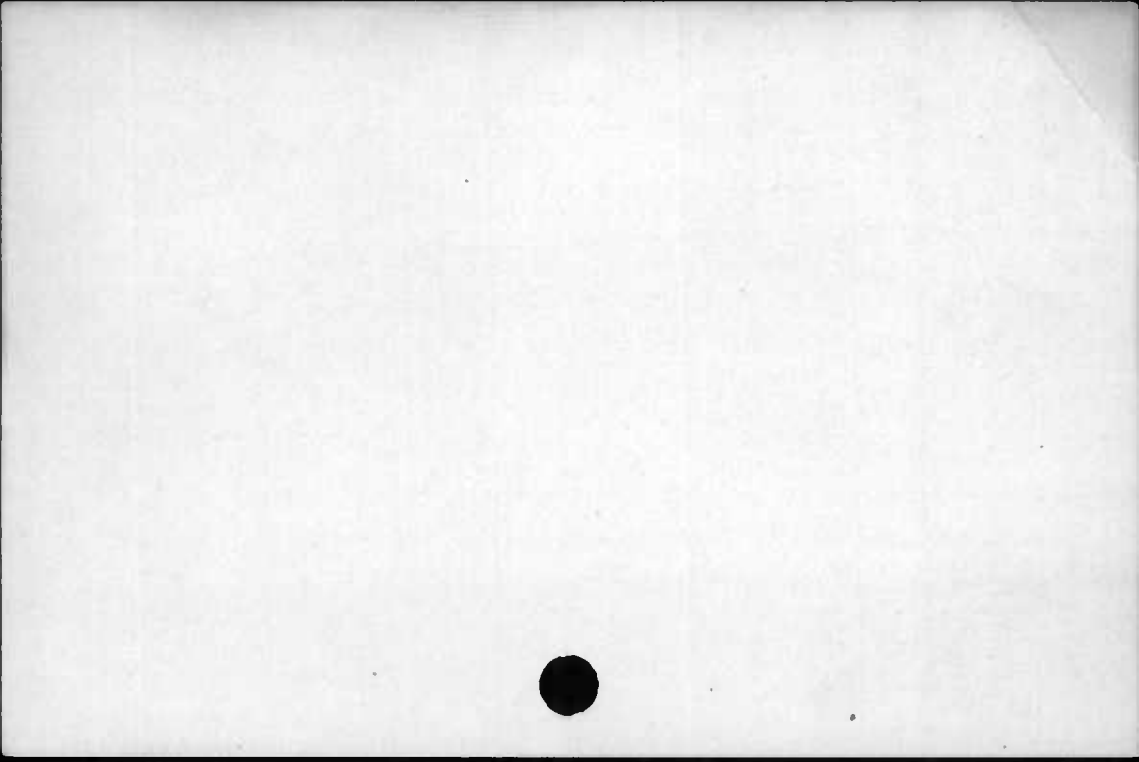
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hublin</u> ^{Town}		<u>Starford</u> ^{County}		MARYLAND	
Date of death	<u>1906</u> ^{Month} <u>Sept.</u> ^{Day} <u>28th</u> ^{Age} <u>in</u> ^{Years}	<u>3</u> ^{Months}		<u>2</u> ^{Days}	
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Hublin</u>
Occupation <u></u>			Where Residing if not at place of death <u></u>		
Married, Single or Widowed <u></u>		Name of Wife or Husband <u></u>			
Father's Name	<u>Frank Groves</u>			Father's Birthplace	<u>Penna</u>
Mother's Maiden Name	<u>Mae E. Thompson</u>			Mother's Birthplace	<u>Starford Co.</u>
Name of person giving information	<u>Frank Groves</u>			How related to deceased	<u>Father</u>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>179</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. H. Tobias,</u>	
<input checked="" type="checkbox"/> Accident or Suicide?		Address <u>Castleton,</u>	
		<u> Md.</u>	



Name
in
Full

Benton V. Harper

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Paul</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death <u>1906</u>	<u>Sept.</u> ^{Month}	<u>13</u> ^{Day}	Age <u>67</u> ^{Years}	<u>8</u> ^{Months}	<u>5</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Baltimore</u>		
Occupation <u>Farmer</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>				
Father's Name <u>Samuel Harper</u>			Father's Birthplace <u>Harford Co</u>		
Mother's Maiden Name <u>Ann Demas</u>			Mother's Birthplace <u>Harford Co</u>		
Name of person giving information <u>Wm Wright</u>			How related to deceased <u>not related</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Valvular heart disease</u>	How long <u>5 months</u>
Immediate <u>heart failure</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Thos. B. Hayward</u>
	Address <u>Pylesville</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Annie Katorsky

CERTIFICATE OF DEATH

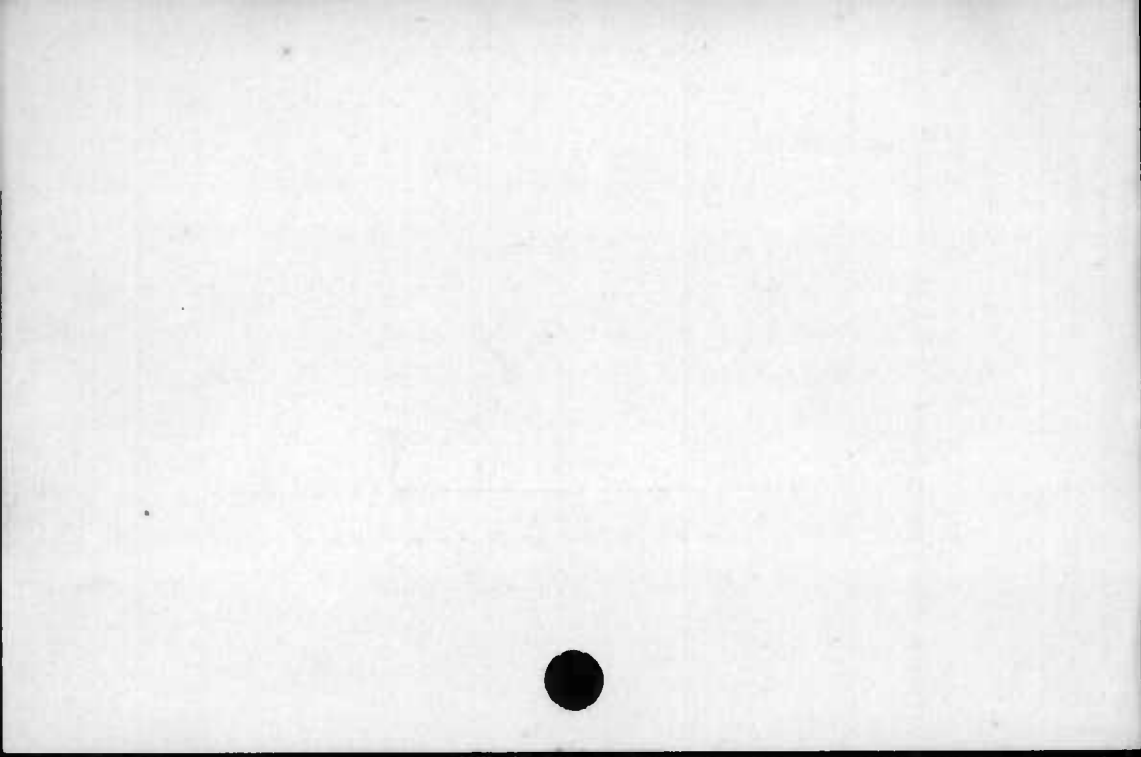
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>near abedeen</i>		Town <i>Harford</i>		County		MARYLAND	
Date of death <i>1906</i>		Month <i>Sept</i>		Day <i>9</i>		Age <i>4</i> Years <i>27</i> Months <i>4</i> Days <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Balto. Md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Balto. Md</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Joseph Katorsky</i>		Father's Birthplace <i>Russia</i>					
Mother's Maiden Name <i>Pilagia Motkenska</i>		Mother's Birthplace <i>Russia</i>					
Name of person giving information <i>Joseph Katorsky</i>		How related to deceased <i>Father</i>					

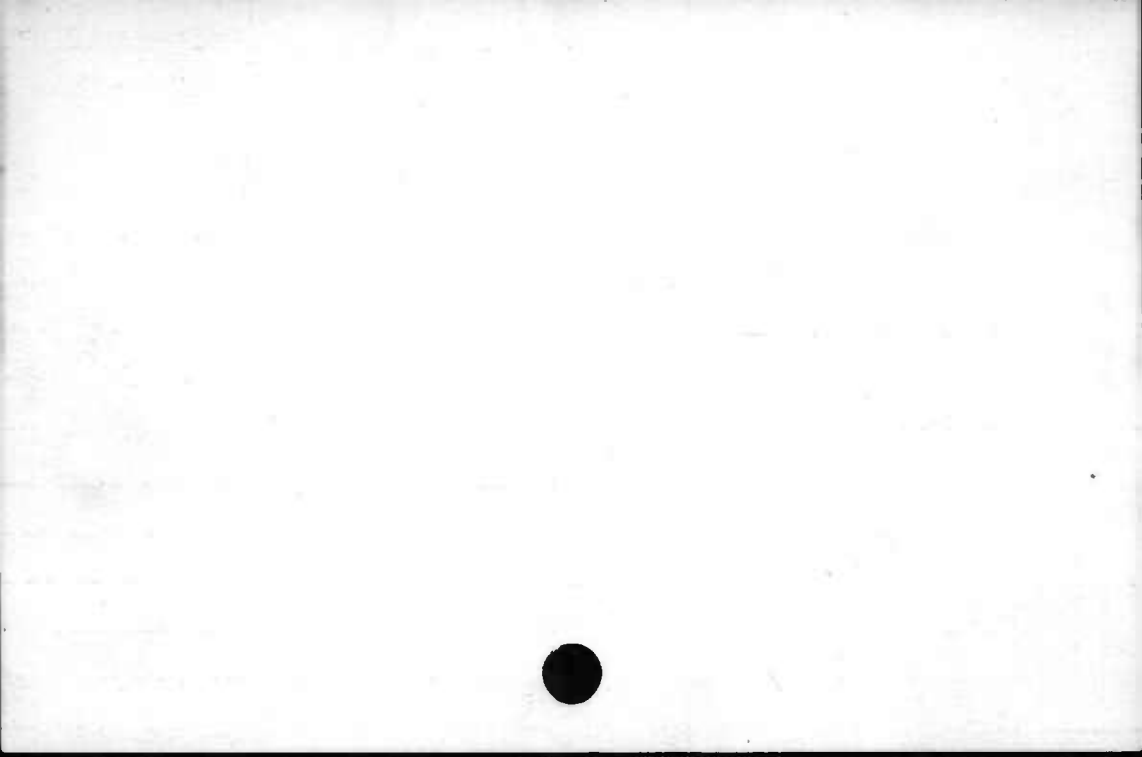
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Acute Indigestion</i>	How long	<i>24 hours</i>
Immediate	<i>—</i>	How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas H. Krite</i>	
Accident or Suicide? <i>—</i>		Address <i>Abedeen Md.</i>	



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Norristown</i> ^{Town}		<i>Harford</i> ^{County}	
		Date of death <i>1906</i> ^{Month} <i>Sept.</i> ^{Day} <i>21</i>		Age <i>no</i> ^{Years} <i>4</i> ^{Months} <i>6</i> ^{Days}	
		Sex <i>Male</i>		Color or Race <i>African</i>	
		Occupation <i>none</i>		Birth-place <i>Norristown</i>	
		Where Residing If not at place of death <i>Norristown</i>			
		Married, Single or Widowed <i>single</i>		Name of Wife or Husband	
		Father's Name <i>Samuel Larkins</i>		Father's Birthplace <i>York Co., Pa.</i>	
Mother's Maiden Name <i>Reba R. Larkins</i>		Mother's Birthplace <i>Balto. Co., Md.</i>			
Name of person giving information <i>Samuel Larkins</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH					
PHYSICIAN OR CORONER		Primary <i>Gastro-intestinal trouble</i>		How long <i>about one mo.</i>	
		Immediate <i>I never saw the child prior to birth</i>		How long	
		Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>		Signature of Physician <i>J. Nelson Dammick</i>	
				Address <i>Stewartstown, Pa.</i>	
		Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Sloyd

Died at ^{Town} Cardiff^{County} Harford

MARYLAND

Date of death 1906 ^{Month} Sept ^{Day} 26Age ^{Years} 57

Months

Days

Sex Female

Color or Race

White

Birth-place

Maryland

Occupation

House. Keeper

Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

John Sloyd

How related to deceased

Son

CAUSES OF DEATH

Primary

Pneumonia - death by gas from stove

How long

16 1/2 hours

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

W. A. Thomas
Cardiff Md

Accident or Suicide?

PHYSICIAN
OR CORONER

Slate Ridge

Sept 27th 06

Name
in
Full

Charles Reed Lowe

CERTIFICATE OF DEATH

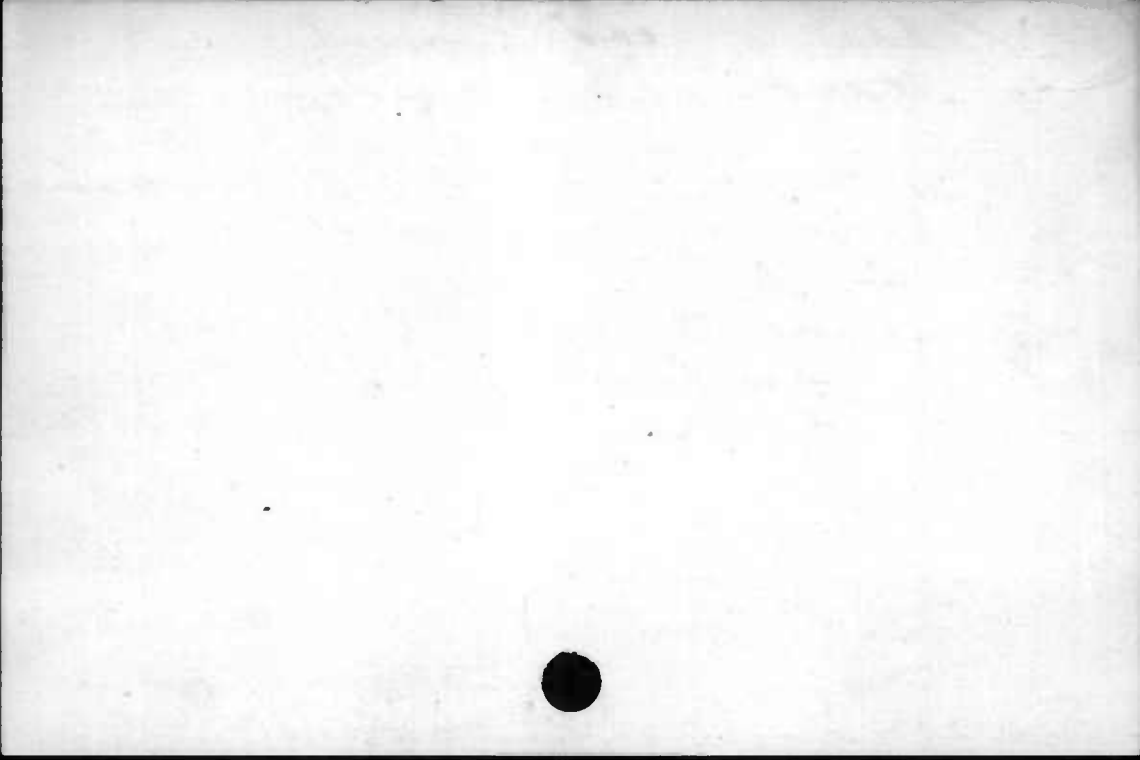
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harkins		County Harford		MARYLAND	
Date of death	1906	Month 9	Day 17	Age	32	Months 7	Days 25
Sex	male		Color or Race	white		Birth- place	Harkins
Occupation	farmer			Where Residing if not at place of death Harkins			
Married, Single or Widowed	single		Name of Wife or Husband				
Father's Name	Aurum T. Lowe					Father's Birthplace	Harford
Mother's Maiden Name	Mary Jane Harrison					Mother's Birthplace	Harford
Name of person giving In formation	Aurum Lowe					How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Resistance to heart	How long	2 weeks
Immediate	Conjunctive chill	How long	2 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Thos. B. Hayward M.D.
		Address	Pylesville
			Harford Co. Md.
Accident or Suicide?			



Name
in
Full

Beatrice E. Marshall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>Marabden</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death	1906	Month	Sept	Day	2	Age	Years
Sex		Female		Color or Race		White	
Occupation		✓		Where Residing if not at place of death		✓	
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		George W. Marshall		Father's Birthplace		Beth Md	
Mother's Maiden Name		Bessie W. Cullum		Mother's Birthplace		Harford Co.	
Name of person giving information		Geo W. Marshall		How related to deceased		Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Sarcitis Infantis</i>	How long	<i>6 weeks</i>
Immediate	<i>Exhaustion</i>	How long	<i>Two days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<i>J. H. Gorman</i>	
		Address	
		<i>Abden Md</i>	
Accident or Suicide?			



Name
in
Full


CERTIFICATE OF DEATH

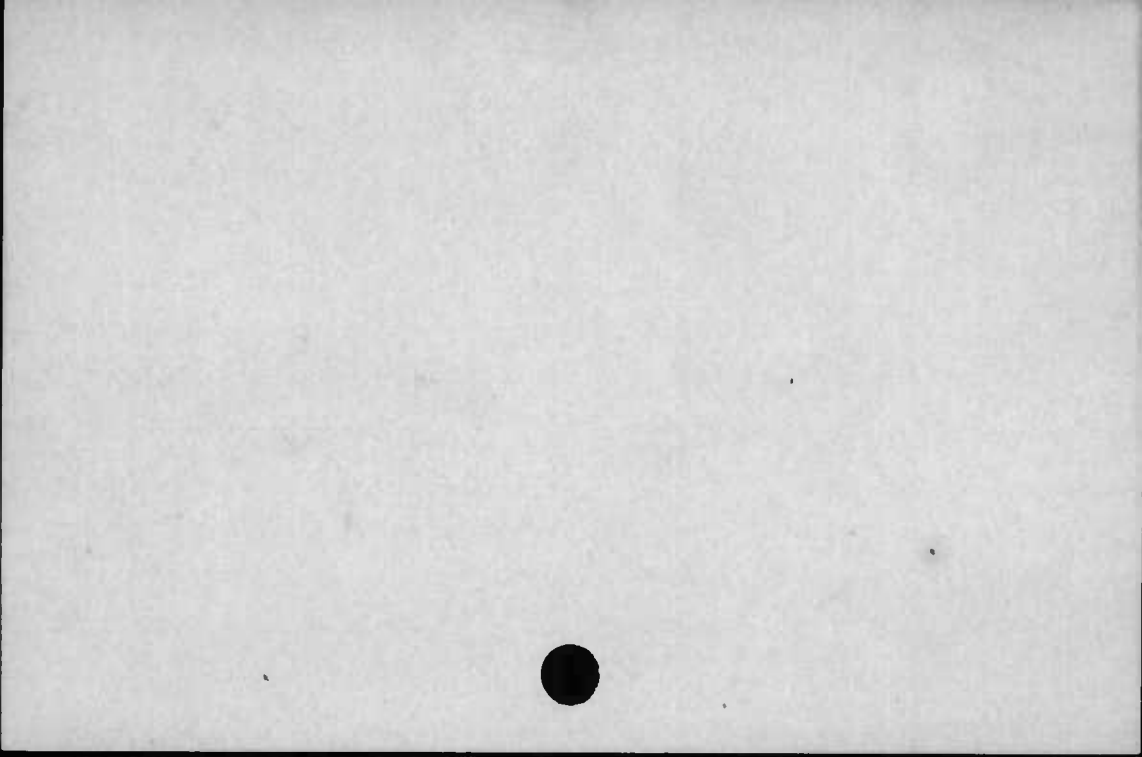
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Whiteford - Md.</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1906.</i>	Month <i>September</i>	Day <i>27</i>	Age <i>5</i>	Years <i>still</i>	Months <i>Born</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed _____		Name of Wife or Husband _____			
Father's Name <i>Clarence Tyee</i>			Father's Birthplace <i>Maryland</i>		
Mother's Maiden Name <i>Bessie Robinson</i>			Mother's Birthplace <i>Pennsylvania</i>		
Name of person giving information <i>Vallie Hawkins</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>2 months</i>
Immediate <i>Premature Birth</i>	How long _____
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Vallie Hawkins Md.</i>
	Address <i>Hawthorne</i>
	<i>Pa.</i>
Accident or Suicide? _____	



Name
in
Full

Sarah C Richardson

CERTIFICATE OF DEATH

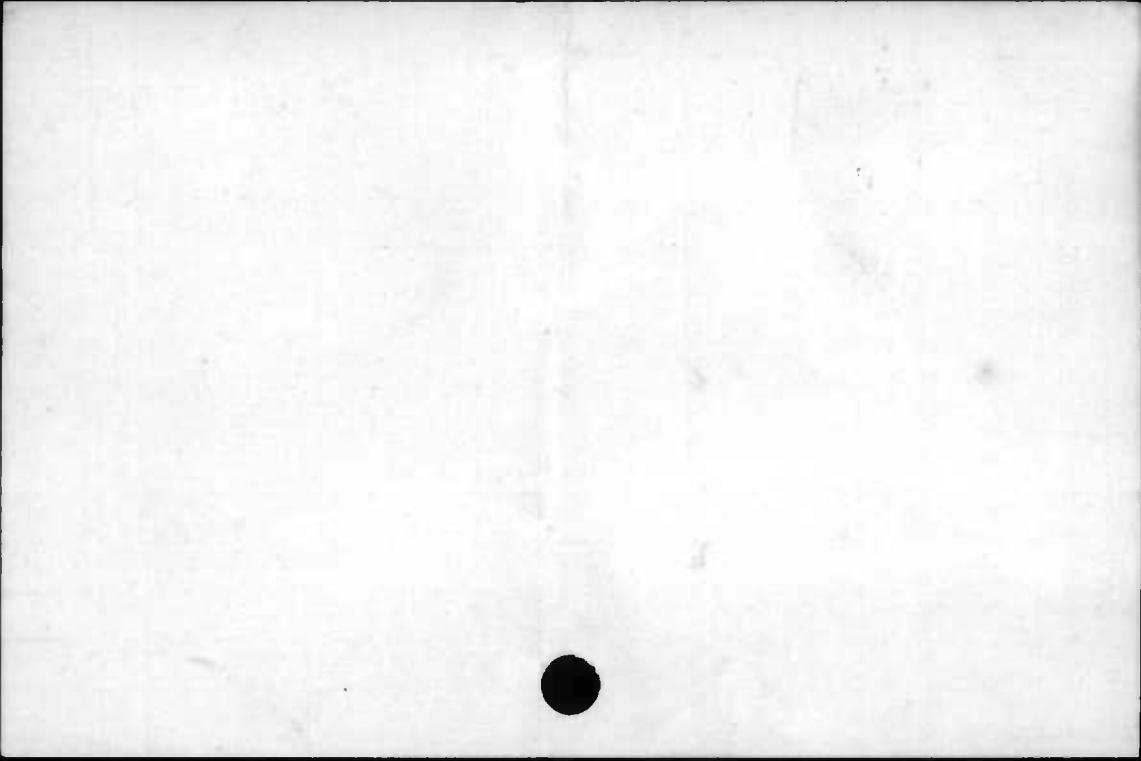
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chenoweth Mills</i>		Town <i>Harford</i>		County <i>Harford</i>		MARYLAND	
Date of death <i>1906</i>	Month <i>9th</i>	Day <i>19th</i>	Age <i>56</i>	Years	Months <i>4</i>	Days <i>20</i>	
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Harford Co</i>				
Occupation <i>Housewife</i>	Where Residing if not at place of death						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George C Richardson</i>						
Father's Name <i>Wm E. Bull</i>	Father's Birthplace <i>Harford Co</i>						
Mother's Maiden Name <i>Mary E. Smithson</i>	Mother's Birthplace <i>Harford Co</i>						
Name of person giving information <i>Husband</i>	How related to deceased <i>Husband</i>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Disease of heart</i>	How long <i>79</i>
Immediate <i>Heart Failure</i>	How long <i>immediately</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Thos B. Hayward</i>
	Address <i>Dyersville Md</i>
Accident or Suicide? <i>No</i>	



Name

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

John Ramsay Richey

Died at Waterfalls TownCounty Hartford

MARYLAND

Date of death 1906Month 9Day 26Age 4

Years

Months

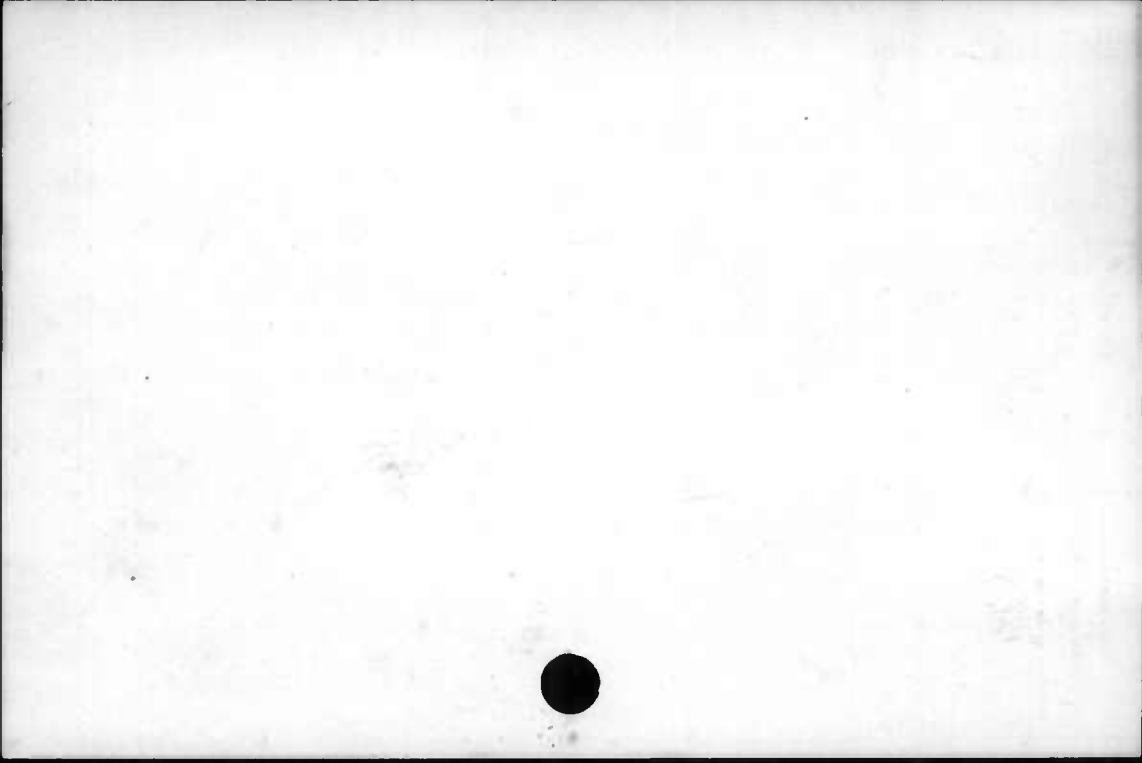
Days 10Sex MaleColor or Race WhiteBirth-place Penn.Occupation Lumber MerchantWhere Residing if not at place of death Stewartstown Pa.Married, Single or Widowed

Name of Wife or Husband

Father's Name Nicholas RicheyFather's Birthplace U.S.Mother's Maiden Name Mary Rose McDonaldMother's Birthplace U.S.Name of person giving information Benjamin McChungHow related to deceased Brother in law

CAUSES OF DEATH

PHYSICIAN
OR CORONERPrimary Circulation - saw amputation of legHow long 160How long 2 1/2 hrs.Immediate Hemorrhage & shock2 hrs.Are the name, age, sex, color, date and place correctly given above? Yes.Signature of Physician Turnell H. HapkinstonAddress Bell AirAccident or Suicide Accident



Name
in
Full

Achem Singleton

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Date

Month

Day

Age

Years

Months

Days

of death 1906

Sept

26

9

9

Sex

Female

Color or
Race

White

Birth-
place

Harford Co.

Occupation

house

Where Residing if not
at place of death

Harford Co.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Franklin Singleton

Father's
Birthplace

Harford Co

Mother's
Maiden Name

Mary Steer

Mother's
Birthplace

York Co. Pa.

Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Acute Rheumatism

How long

3 years.

Immediate

Heart failure

How long

few hours.

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

A. Steward

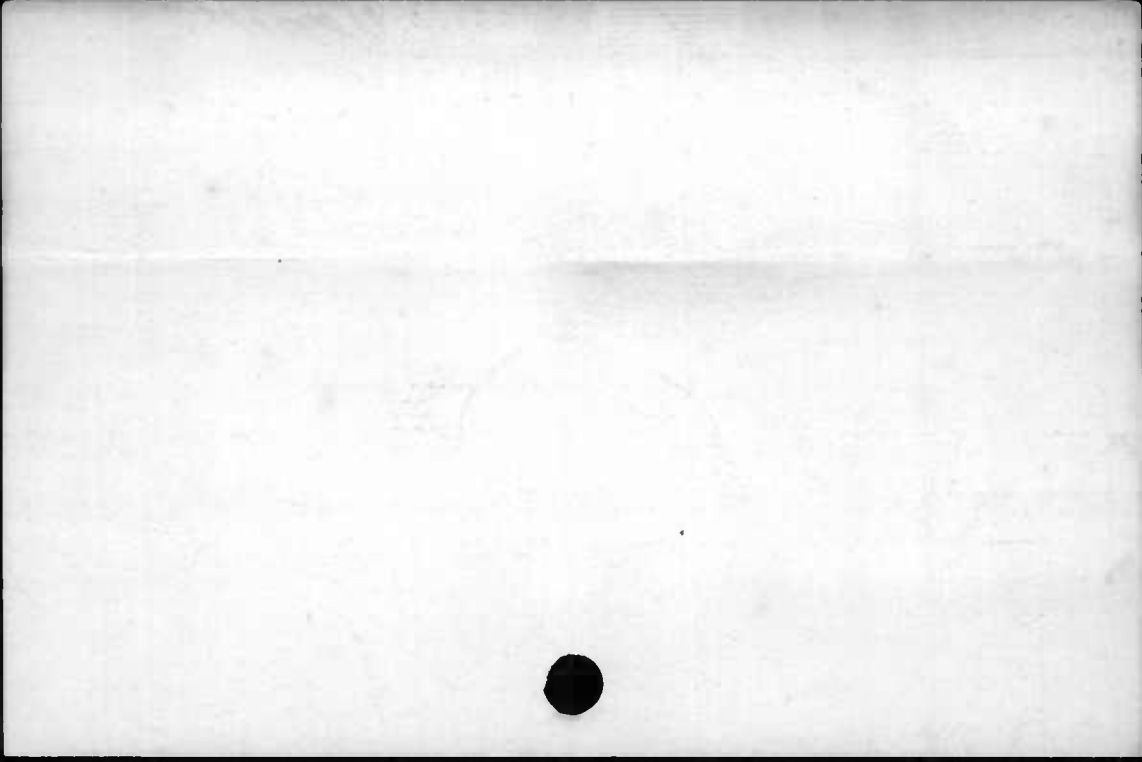
Address

Bella Pa.

Accident or Suicide?

Yes

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
In
Full

Alice Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Poole		Town		Harford		County		MARYLAND	
Date of death		1906		Sept		12		Day		Age	
Sex		Female		Color or Race		Colored		Birth place		Poole	
Occupation						Where Residing if not at place of death					
Married, Single or Widowed						Name of Wife or Husband					
Father's Name						Father's Birthplace					
Mother's Maiden Name						Mother's Birthplace					
Name of person giving information						How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	
Signature of Physician	
Address	
Accident or Suicide?	



Name in Full

Certificate of Death

Georgie Ruess

Died at ^{near} aberdun Town

County

Harford

MARYLAND

Date 1906 Month 9 Day 17

Age

Y. 8 M. 22 D. 1Native of Balt

Occupation

✓

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Fether's Name John Ruess

Mother's

Maiden Name

Amelia KurekCause of Death { Primary Gastric Enteritis
Immediate Exhaustion

How long sick

4 weeks

Accident, Suicide, Homicide

Reported by

J. H. Kennedy M.D.

Address

aberdun Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
In
Full

Samuel Turner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Stuartsville</i> ^{Town}			<i>Holford</i> ^{County}			MARYLAND		
Date of death <i>1906</i>		Month <i>Sept</i>	Day <i>26</i>	Age <i>54</i>	Years <i>5</i>	Months	Days	
Sex <i>Male</i>	Color or Race <i>Colored</i>			Birthplace <i>Holford</i>				
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Stuartsville</i>					
Married, Single or Widowed <i>Married</i>			Name of Wife or Husband <i>Clara</i>					
Father's Name						Father's Birthplace		
Mother's Maiden Name						Mother's Birthplace		
Name of person giving information <i>Harry Turner</i>						How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Consumption</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Accident or Suicide?	Address <i>Carlton</i> <i>Henry M. Carl</i>



Name
In
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sharon</i> Town		<i>Turner</i> County		MARYLAND	
Date of death <i>1906</i>	Month <i>9</i>	Day <i>1</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i> Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Sharon</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Mr. Turner</i>		Father's Birthplace <i>Harford Co</i>			
Mother's Maiden Name <i>Mrs. Jackson</i>		Mother's Birthplace <i>" "</i>			
Name of person giving information <i>—</i>		How related to deceased <i>—</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still born</i>	How long <i>—</i>
Immediate <i>" "</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Smith</i>
	Address <i>Harford 14112 E. Ave</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Street- Town		Hayford. County		MARYLAND	
Date of death	1906	Month 9.	Day 3.	Age 1	Years	Months	Days
Sex	Female.		Color or Race	White		Birth- place	Md
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Robt. S. Walter		Father's Birthplace	Md.
Mother's Maiden Name				Eva. Thompson		Mother's Birthplace	Md.
Name of person giving In formation				Robt. S. Walter		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enter Colitis	How long	7 weeks.
Immediate	Peritonitis	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Charles W. Farnour	
		Address	
		Street P.O. Md.	
Accident or Suicide?			

